By: Price H.B. No. 2727

## A BILL TO BE ENTITLED

Τ	AN ACT
2	relating to the provision of home telemonitoring services under
3	Medicaid.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Section 531.02164, Government Code, is amended
6	by amending Subsections (b), (c), and (f) and adding Subsections
7	(c-2) and (c-3) to read as follows:
8	(b) If the commission determines that establishing a
9	statewide program that permits reimbursement under Medicaid for
10	home telemonitoring services would be clinically effective
11	[cost-effective] and feasible, the executive commissioner by rule
12	shall establish the program as provided under this section.
13	(c) The program required under this section must:
14	(1) provide that home telemonitoring services are
15	available only to persons who:
16	(A) are diagnosed with one or more of the
17	following conditions:
18	(i) pregnancy;
19	(ii) diabetes;
20	(iii) heart disease;
21	(iv) cancer;
22	(v) chronic obstructive pulmonary disease;
23	(vi) hypertension;
24	(vii) congestive heart failure;

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1
                          (viii) mental illness or serious emotional
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   disturbance;
 3
                          (ix) asthma;
 4
                          (x) myocardial infarction; or
 5
                          (xi) stroke; and
 6
                     (B)
                          exhibit at least one [two or more] of the
 7
    following risk factors:
8
                          (i) two or more hospitalizations in the
   prior 12-month period;
10
                          (ii) frequent or recurrent emergency room
   admissions;
11
                                     documented
12
                          (iii) a
                                                  history of
    adherence to ordered medication regimens;
13
14
                          (iv) a documented risk [history] of falls
15
    [in the prior six-month period]; and
16
                          (v) [<del>limited or absent informal</del>
17
    systems;
18
                          [(vi) living alone or being home alone for
19
    extended periods of time; and
20
                          [<del>(vii)</del>] a documented history of care access
21
   challenges;
22
               (2)
                    ensure that clinical information gathered by the
    following providers while providing home telemonitoring services
23
24
    is shared with the patient's physician:
25
                     (A) a home and community support services agency;
                     (B) a federally qualified health center, as
26
    defined by 42 U.S.C. Section 1396d(1)(2)(B);
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(C) a rural health clinic, as defined by 42
1
   U.S.C. Section 1396d(1)(1); or
2
3
                   (D) a
                             hospital
                                         [while
                                                  providing
   telemonitoring services is shared with the patient's physician];
4
5
   [and]
6
                   ensure that the program does not duplicate disease
7
   management program services provided under Section 32.057, Human
8
   Resources Code;
              (4) require a provider to:
9
                   (A) establish a plan of care that includes
10
   outcome measures for each patient who receives home telemonitoring
11
12
   services under the program; and
                   (B) share the plan and outcome measures with the
13
14
   patient's physician; and
15
              (5) subject to Subsection (c-2) and to the extent
   permitted by state and federal law, provide patients experiencing a
16
17
   high-risk pregnancy with clinically appropriate
   telemonitoring services equipment for temporary use in the
18
19
   patient's home.
         (c-2) For purposes of Subsection (c)(5), the executive
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   commissioner by rule shall:
21
22
              (1) establish criteria to identify patients
   experiencing a high-risk pregnancy who would benefit from access to
23
24
   home telemonitoring services equipment;
              (2) ensure that, if feasible and clinically
25
26
   appropriate, the home telemonitoring services equipment available
27
   under the program include uterine remote monitoring services
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- 1 equipment and pregnancy-induced hypertension remote monitoring
- 2 services equipment;
- 3 (3) subject to Subsection (c-3), require that a
- 4 provider obtain:
- 5 (A) prior authorization from the commission
- 6 before providing home telemonitoring services equipment to a
- 7 patient during the first month the equipment is provided to the
- 8 patient; and
- 9 (B) an extension of the authorization under
- 10 Paragraph (A) from the commission before providing the equipment in
- 11 a subsequent month based on the ongoing medical need of the patient;
- 12 and
- 13 (4) prohibit payment or reimbursement for home
- 14 telemonitoring services equipment during any period that the
- 15 equipment was not in use because the patient was hospitalized or
- 16 away from the patient's home regardless of whether the equipment
- 17 remained in the patient's home while the patient was hospitalized
- 18 or away.
- 19 (c-3) For purposes of Subsection (c-2), the commission
- 20 shall require that:
- 21 (1) a request for prior authorization under Subsection
- 22 (c-2)(3)(A) be based on an in-person assessment of the patient; and
- 23 (2) documentation of the patient's ongoing medical
- 24 need for the equipment is provided to the commission before the
- 25 commission grants an extension under Subsection (c-2)(3)(B).
- 26 (f) To comply with state and federal requirements to provide
- 27 access to medically necessary services under the Medicaid managed

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- care program and if the commission determines it is cost-effective 1 and clinically effective, a Medicaid managed care organization may 2 reimburse providers for home telemonitoring services provided to persons who have conditions and exhibit risk factors other than 4 5 those expressly authorized by this section. [<del>In determining</del> whether the managed care organization should provide reimbursement 6 for services under this subsection, the organization shall consider 7 8 whether reimbursement for the service is cost-effective and providing the service is clinically effective]. 9
- SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.
- SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2023.